

Registration Form

Name: _____

Current Teaching Status:

District (check one):

Charleston ☐

Berkeley ☐

Independent ☐

Dorchester II ☐

Dorchester IV ☐

School _____

Address _____

Phone _____ Fax _____

E-mail Address _____

Teaching Specialty (check one):

math ☐

computer ☐

science ☐

Grade level (check one):

middle school ☐

high school ☐

Home Information:

Address _____

Phone _____

Please submit to:

Rolland Fitch
AFCEA
P. O. Box 61041
North Charleston SC 29418
Phone: (803) 308-6721
Fax: (803) 308-0716



APPLICATION DEADLINE: MARCH 22, 1998